



**AGENT LICENSING DIVISION
EDUCATION SECTION**

P.O. Box 517 - Frankfort, KY 40602-0517
800-595-6053 (KY only) 502-564-6004

<http://insurance.ky.gov>

Department Use Only

Date: _____

Amount: _____

Check # _____

Posted by: _____

FILING FEE SUBMISSION FORM

This form **must be completed** and sent with fees payable to the Kentucky State Treasurer, in order for courses and/or instructors to be eligible for review. A duplicate of this completed form **must** be attached to form CE/PL-100 with course material, or CE/PL-200 and mailed to Prometric, Attn: Kentucky CE, 1360 Energy Park Dr., St. Paul, MN 55108-5252.

DATE MATERIAL SUBMITTED TO PROMETRIC _____

PROVIDER NAME _____

KY PROVIDER # PR _____ PROMETRIC PROVIDER #S _____ PHONE # _____

CONTACT PERSON _____ E-MAIL _____

FILING FEES ATTACHED TO REQUEST REVIEW OF THE FOLLOWING COURSES:

INDICATE TITLE OF COURSE(S):

- (1) _____
(2) _____
(3) _____
(4) _____
(5) _____

COURSE TYPE:

- ☐ CE ☐ PL
☐ CE ☐ PL
☐ CE ☐ PL
☐ CE ☐ PL
☐ CE ☐ PL

CE=CONTINUING EDUCATION; PL=PRE-LICENSING (FEE REQUIRED FOR EACH COURSE TYPE)

FILING FEES ATTACHED FOR REVIEW OF THE FOLLOWING INSTRUCTORS:

| INSTRUCTOR NAME | SS# | COURSE TYPE | INSTRUCTOR NAME | SS# | COURSE TYPE |
|-----------------|-----|---|-----------------|-----|---|
| 1. | | <input type="checkbox"/> CE <input type="checkbox"/> PL | 5. | | <input type="checkbox"/> CE <input type="checkbox"/> PL |
| 2. | | <input type="checkbox"/> CE <input type="checkbox"/> PL | 6. | | <input type="checkbox"/> CE <input type="checkbox"/> PL |
| 3. | | <input type="checkbox"/> CE <input type="checkbox"/> PL | 7. | | <input type="checkbox"/> CE <input type="checkbox"/> PL |
| 4. | | <input type="checkbox"/> CE <input type="checkbox"/> PL | 8. | | <input type="checkbox"/> CE <input type="checkbox"/> PL |

CONTINUING EDUCATION FILING FEES:

Each new course - \$10.00
Each new instructor - \$5.00

PRE-LICENSING FILING FEES

Each new course - \$50.00
Each new instructor - \$5.00

Fees must be made payable to the Kentucky State Treasurer, and sent to the Kentucky Department of Insurance, Agent Licensing Division, P.O. Box 517, Frankfort, KY 40601, with this form completed in full.

CE/PL-100 with course material and/or CE/PL-200 with Instructor information must be mailed to Prometric, Attn: KY Submissions, 1360 Energy Park Dr., St. Paul, MN 55108, with a copy of this form showing fees are paid.

You will receive an invoice from Prometric for qualifying courses in the amount of \$5.00 per credit hour awarded.

Payments must be payable to: Kentucky State Treasurer Mail to: Kentucky Department of Insurance, Agent Licensing Division, PO Box 517, Frankfort, KY 40602. Copy of Prometric's invoice must be included to ensure proper credit.

FOR PROVIDER USE:

ENCLOSED FIND CHECK # _____ (PAYABLE TO KENTUCKY STATE TREASURER)

IN THE AMOUNT OF \$ _____, ISSUE DATE _____ SIGNED BY _____